

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/510625

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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25						
26						
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28						
29	1					
30		1				
31		1				
32		1				
33		1				
34		3				
35		3				
36		3				
37		3				
38	1					
39		1				
40		1				
41		1				
42		2				
43		2				
44		2				
45		2				
46	1					
47	1					
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.		9				
TOTAL CLAIMS	4	9				

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS